

Tennessee Ethics Commission

CHECK THE APPLICABLE BOX	
<input checked="checked" type="checkbox"/> New Disclosure Form	<input type="checkbox"/> Supplemental Disclosure Form
INDIVIDUAL MAKING DISCLOSURE	
a. First and last name of individual BEN WEST JR.	b. Position or Title of individual STATE REPRESENTATIVE
c. Business address (room, apt., suite no. and street, or P.O. box) 212 B Mc GAVOCK PIKE	
d. City, state, zip code NASHVILLE, TENN. 37214	
e. Telephone 615-874-8653	f. Business E-mail (if available) se11c@att.net
DISCLOSURE OF RELATIVE	
<i>(A separate form must be used for each relative)</i>	
a. Name of Relative JOHN M. (JAY) WEST	b. Relationship (sibling, spouse or child) BROTHER
c. Position of sibling, spouse or child LOBBYIST-DIRECTOR OF GOVERNMENTAL RELATIONS	
d. Business address (room, apt., suite no. and street, or P.O. box) 511 UNION ST. - SUITE 1600	
e. City, state, zip code, and telephone NASHVILLE, TENNESSEE 37219 615-943-9378	
f. If Supplemental Disclosure, provide a complete description of any information that has changed from the information supplied in the last registration form.	

from the

RECEIVED